Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	12-4-2008	Address:	<u>6717 W 600 N</u>
Case #:	25F16256		Pennville, LN
County:	<u>Jay</u>		
Type of Laboratory Scizure (check one) Operational Lab		Seizure Location (check all that apply) Residence Inotel/Motel	
	al/Glassware/Equipment (only) te (only)	○ Outbuilding ○ Vehicle	Open No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
☐ Yes ☑ No *If yes, fax re	er age 18 discovered (check one) (number present) port to Child Protective Services t is to be faxed to the following agen	☐ Ephedrin ☐ Retail/Mo ☑ Other: <u>CI</u>	e Information e/Pseudoephedrine Tracking Log erchant Tip
Fire Department: Pennville Fax: none			
•	artment: Jay County	Fax: <u>260-7</u>	· · · · · · · · · · · · · · · · · · ·
•	ction Service:	Fax:	-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jeremy Woods</u> Phone <u>765-369-2561</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.